



Affidavit of Domicile

(Please do not fax this form; an original is required.)

PO Box 2226 ■ Omaha, NE 68103-2226

Account Number: _____

Full Legal Name: _____

being duly sworn, deposes and says that he/she resides at:

Street Address: _____

City: _____	State: _____	ZIP Code: _____
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and is the: Executor Administrator Survivor

of (name of deceased): _____

who died on: _____

and that at the time of death, the residence of the decedent was:

Street Address: _____

City: _____	State: _____	ZIP Code: _____
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and that this affidavit is made for the purpose of inducing TD Ameritrade Clearing, Inc., to register the transfer of securities registered in the name of or owned by the decedent at the time of death.

Stop here! Must be signed at time of notary signature.

 Signature: _____	Date: _____
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NOTARY PUBLIC

County of: _____)
 _____) ss
 State of: _____)

Subscribed to and sworn to before me this _____ day of _____, _____.

Notary Public: _____

[SEAL]

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

